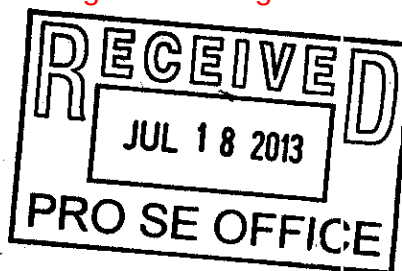


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



Adrian Khapesi

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

**CV 13-**

**COMPLAINT**

**4149**

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

The City of New York  
N.Y.C. Department of Corrections  
Reverend Kevin Green

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Adrian Khapesi

ID # 349-B-05047

Current Institution Manhattan Detention Center

Address 125 White Street, NY NY 10013

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name The City of New York Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address 100 Church Street, New York, NY 10013

Defendant No. 2

Name N.Y.C. Department of Corrections Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address Legal Division 75-20 Astoria Boulevard  
Jackson Heights, NY 11370

Defendant No. 3

Name Barrend Kevin Green Shield # \_\_\_\_\_  
 Where Currently Employed G.M.D.C  
 Address 15-15 Hazen Street, East Elmhurst  
N-Y, 11370

Defendant No. 4

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? R.N.D.C 11-11 Hazen Street, East Elmhurst NY, 11370 G.M.D.C 15-15 Hazen Street East Elmhurst NY, 11370

B. Where in the institution did the events giving rise to your claim(s) occur? In 2010, R.N.D.C in his office and in the Housing Area. In 2013, in housing area.  
In 2013 in G.M.D.C Housing area.

C. What date and approximate time did the events giving rise to your claim(s) occur? In 2010 R.N.D.C from January 2011 - April 2011. In 2013, G.M.D.C April 15 or 16

D. Facts: ~~IN 2010 I MET THE REVEREND~~ In 2010 I met the Reverend in R.N.D. The sexual abuse didn't start until January 2011 and didn't end until April 2011. The reverend would invite me and my co-defendant to his office for "private counseling" and would ask me to stand in his bathroom and show him my private parts. He would also come to my cell and ask me to take my clothes off for him. In 2013 April he went to my housing area and groped me.

What happened to you?

Who did what?

Reverend Kevin Green groped me and asked me to take my clothes off for him while I masturbated. I also gave him oral one time in his office in 2010.

Was anyone else involved?

Sometimes my co-defendant co-defendant Rueben Devine was there to witness. Also someone named Aniyah Cullen who was detained with us went through the abuse as well.

Who else saw what happened?

Rueben Devine  
Aniyah Cullen

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. AS a result of the defendants actions I suffered severe mental and emotional distress. I experienced ongoing nightmares and physical fear or retaliation as a result of these allegations. I also experienced severe suicidal thoughts.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

G.M.D.C

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

G.M.D.C and M.D.C

1. Which claim(s) in this complaint did you grieve? That I was sexually molested.

2. What was the result, if any? I'm not sure. I was told there will be an investigation.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N.A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N.A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. This action does not fall under the I.G.R.P. process.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). As a result of this incident I am seeking compensatory damages of 7.5 million dollars in addition to any other relief that this court may find just and proper.

On  
these  
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of July, 2013.

Signature of Plaintiff

Abdur Khyal

Inmate Number

349-B-05047

Institution Address

125 White Street N.Y. N.Y 10013  
Manhattan Detention Center

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of July, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Abdur Khyal